



Board of Directors Application

PERSONAL & CONTACT INFORMATION

The following information will help us get to know you better and determine eligibility.

Today's Date: _____

Name*: _____

Mailing Address*: _____

City*: _____, State*: _____ Zip Code*: _____ County*: _____

Primary Phone*: _____ Phone Type: _____

Secondary Phone: _____ Phone Type: _____

Email*: _____

Gender: Male Female

Date of Birth*: _____

Highest Level of Education Completed: _____

What languages do you speak? _____

Do you have any special skills? _____

Current Employer: _____

Position at Place of Employment: _____

Personal Reference*: _____

Relationship to Applicant*: _____

Primary Phone*: _____

Emergency Contact*: _____

Relationship to Volunteer*: _____

Primary Phone*: _____

** Required Fields*

VOLUNTEERISM

Board assistance with fundraising is expected.

Board members' direct involvement and assistance is crucial to the success of our programs and fundraising efforts and/or events. Board members are expected to contribute their time and contribute financially. Of course, we will not stop you if you do both. 😊

Direct Involvement and assistance includes two ways:

- a) Financial contributions towards fundraising – and/or improvement efforts and events
- b) Active participation/ working at fundraising – and/or improvement efforts and events:
 - i. Chairing a fundraising committee to ensure the success of the committee’s objectives towards the success of the overall fundraising – and/or improvement efforts and events.
 - ii. Active participation as a committee member to ensure the success of the committee’s objectives towards the success of the overall fundraising – and/or improvement efforts and events.
- c) There are times when board members cannot participate as a chair of a committee or be involved as a committee member. At such times, we request board member participation by attending and contributing financially with at least two fundraising – and/or improvement efforts and events.

Is there anything to prevent you from making financial contributions, soliciting donations or volunteering for fundraising – and/or improvement efforts and events*? _____

Previous Board or Volunteer Experience*: _____

How did you become aware of our organization?* _____

Please share with us why you have an interest in serving as a board member for the *Alcohol & Drug Abuse Council for the Concho Valley*:* _____

All applicants are subject to a criminal background check. All applications are reviewed by the Board of Directors Executive Committee.

Board Applicant Signature

Date

Completed & signed application can be emailed to **receptionist@adaccv.org** or mailed to the following:
ADACCV • RE: Board Application • 3553 Houston Harte • San Angelo, TX 76901

For questions or concerns, call 325-224-3481. Thank you for your interest in joining us in carrying out our mission of saving lives and creating healthier communities!

** Required Fields*